

The Royal School for the Blind

SeeAbility - Fiennes House Residential Home

Inspection report

Fiennes House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

SeeAbility - Fiennes House Residential Home is a care home providing personal care and accommodation for up to 12 people. The service provides specialist support for people with learning disabilities, autism and sight loss. There were 12 people living at the home when we visited.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The service is larger than current best practice recommendations. However, the size of the service having any negative impact on people was lessened by the layout of house into separate areas, with two kitchen/dining/lounge areas, en-suite facilities and the choice of communal areas people could use. Also, by personalised nature of the service.

People's experience of using this service and what we found

Right Support:

The service supported people to have the maximum possible choice and control over their own lives. Staff were observed communicating with people in ways that met their needs and supporting people to make choices.

People benefitted from the interactive and stimulating environment. Bedrooms were personalised and the service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff supported people to take part in activities and pursue their interests in their local area. One person told us about their hobby and how staff supported them into the community to pursue this.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines safely and infection control procedures and measures were in place to protect people from infection control risks.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Throughout the inspection we observed kind, relaxed, compassionate and caring interactions between people and staff.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff because staff supported them consistently and understood their individual communication needs. This included using assistive technology, body language, sounds and objects of reference.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Throughout the inspection we observed that staff were respectful of people and took time to offer support and reassurance when needed.

People received good quality care and support because trained staff could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and placed people's wishes, needs and rights at the heart of everything they did. One staff member told us, "It is about them, they are in the centre of their care, if they decide they don't want to do something it is their choice, they have a right to make their own choices."

People and those important to them were involved in planning their care.

Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity. The staff, registered manager and deputy manager were open and transparent throughout our inspection. The registered manager and deputy manager acted efficiently on queries and feedback throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 23 March 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

SeeAbility - Fiennes House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out the inspection: An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

SeeAbility - Fiennes House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. SeeAbility - Fiennes House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

One inspector visited SeeAbility - Fiennes House Residential Home on 21 December 2022 and 5 January 2023. We spent time with ten people, getting their feedback and observing the quality of care and support they received. This included using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who we were unable to communicate with effectively.

We looked at a variety of records relating to people's personal care and support and the running of the service. These included, two people's care and support plans, four people's medicines records, two staff recruitment files and a variety of records relating to the management of the service including policies and procedures. We spoke with eight members of staff including the registered manager. We spoke with two visiting relatives about their experience of the care provided. We sought feedback from one professional who works with the service. An Expert by Experience spoke with five relatives about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. The service worked well with other agencies to do so.
- Staff knew people well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service also had a safeguarding champion who told us they discussed safeguarding at team meetings.
- Staff, relatives and people spoken with raised no concerns in relation to safety. Comments from relatives included "He's so safe there! He's been there for 13 years now, it is his home" and "He's very safe there."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risk assessments were in place which guided staff how to manage and mitigate risk to people. These included information about risks associated with personal safety, cooking and accessing the community as well as personal care, eating and drinking, medical conditions and mobility.
- Some people had been assessed by speech and language therapists and had clear plans of care in place about how their meals should be served to ensure safety. During the inspection we saw people who had these plans received appropriate meals. On the first day of the inspection we saw one person not receiving one to one support as detailed within their plan as the staff member walked away to do something else within the same room. This was discussed with the registered manager. During the second day we observed this person receiving the support as per their plan. The registered manager also told us that they had considered our feedback following the first day, reminded all staff and were currently in the process of completing mealtime observations with all staff.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk. Health and safety checks were completed within the home such as ensuring the fire alarm system and moving and handling equipment were checked and serviced.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff recruitment processes promoted safety. The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks.
- Although the home was facing significant staffing challenges, people were supported by enough staff. Most staff confirmed there were enough staff deployed to be able to provide people with the support they had been assessed as needing. This included use of consistent agency staff that were regularly working within the service. Agency profile sheets about the staff member were obtained. These did not always contain details regarding whether the agency staff member had a DBS in place. This was discussed with the deputy manager who confirmed that DBS's were in place for all current agency staff and advised that they would ensure these details were recorded in future.
- Relatives told us there was enough staff. Comments included, "It's been great there, absolutely because there's always enough staff and they're always keeping me up to date, even if a member of staff is changed perhaps for sickness, they let me know", "I think there are enough staff, there's a turnover of course but if I was a carer, there's not a better place to go. They're always encouraging staff to do more and expand on their knowledge. I know a couple who've now gone into nursing and the medical profession."
- Staff, including agency staff, had a very good knowledge of the people they supported and were able to tell us about people's individual needs and risks.

Using medicines safely; Learning lessons when things go wrong

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Medicines were stored in locked cupboards in each person's room, meaning they could have them administered in private if they chose.
- Medication storage temperature checks at the service were found to be inconsistently completed during the first visit. The registered manager took immediate action to rectify this, and during the second visit these were being completed consistently. The registered manager confirmed that medicines storage temperatures would be checked as part of their current auditing programme.
- Some people were prescribed medicines on an 'as and when required' basis, for example for pain management. The service had protocols which provided staff with information about when these medicines should be given.
- People received their medicines from staff who had received medicines training and had their competency assessed.
- The service ensured people's behaviour was not managed by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles
- There was evidence lessons were learnt when things had gone wrong. The service has recently gone through a period of medication errors. These had been investigated and any lessons learnt shared with the team. One relative told us, "We all make mistakes, but they learn from them".
- The service managed incidents affecting people's safety well. A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely.

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices and discussed the infection prevention

control arrangements with the manager.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- One relative told us, "It's absolutely clean and tidy, her room, the kitchen, the toilet and the lounge."

Visiting in care homes

- The provider had visiting arrangements in place that aligned to government guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The team showed their commitment to providing person centred, high-quality care. People were observed to receive individualised support in line with their support plan from staff who were kind, caring and patient. A visiting professional also told us that when visiting they have always observed person centred care being delivered.
- Management were visible within the service, approachable and took a genuine interest in what people, staff and people's family had to say. One person told us that the registered manager was helping him with an issue he had. Relatives told us "The manager is totally approachable", "She's incredibly approachable and she knows all the residents well" and "'The Manager is absolutely approachable, I can email her anytime or I can email Fiennes House anytime, they always answer absolutely." A visiting professional told us they are "Good advocates for the people that live their".
- The registered manager was alert to the culture within the service. Following a concern being raised, improvements around active support and restricted practice understandings were identified. Work had taken place to improve this which had included active support workshops being held, and a staff member becoming an active support lead.
- Staff felt respected, supported and valued by management which supported a positive and improvement-driven culture. Staff felt able to raise concerns with managers without fear of what might happen as a result. Comments included, "[Registered manager] is brilliant at guiding us. It's great to have faith in management. [Registered manager] and [deputy manager] will respond straight away" and "Management are very supportive, [registered manager] and [deputy manager] are always there for me as I am for them".
- Relatives were very positive about the service. Comments included, "[Relative] been in eight care homes, this is the best one", "They are very kind and caring", "We trust them", "Based on her behaviour I can tell she is happy there", "I've never known a bad member of staff, they are all kind and caring and they absolutely know her well", "He's happy there, he's happier being with the staff than with us! He's been Christmas shopping and to the Panto, he has a better social time than us" and "She has a key worker, the same one she has had for a long time and she reports to her superior which is the Manager. The Manager who herself has been there many years was actually her key worker too, so they both possess an in depth knowledge of my daughter. They have a high level of conscientiousness and know her well".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be

honest and open about any incident or accident that had caused or placed a person at risk of harm.

- Relatives felt they were kept fully informed about everything. Comments included, "They're good with contact and we're happy with it", "They always keep us informed and it's as much as we want", "They let us know if there's any problems and we have no problem with that, it's fine" and "I was there last night, he was really well. He'd been ill over the weekend and they've been in contact constantly. The paramedics were called. They keep me updated all the way with any snag, and there's been lots of discussions.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the service they managed.
- Both the registered manager and the deputy manager supported the site visits. Both were open and transparent throughout our inspection; demonstrating their commitment to provide person-centred and high-quality care. The registered manager and deputy manager acted efficiently on queries and feedback throughout the inspection.
- Governance processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. These included regular audits that included medicines, health and safety and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. A satisfaction survey was completed in February 2022. One relative also told us that they were invited to events where carers were asked for feedback about the service. Another relative told us "We are often presented with questionnaires and surveys. SeeAbility also produce an annual survey for parents opinions about the place".
- Staff knew people well and reflected on people's preferences when considering the support they provided. During the inspection we saw staff supporting people to make choices. Objects of reference were used to offer people a choice of food and drink. Taster sessions had also been held to support with menu choices.
- One person told us how they were involved within the service. They had their own rotas which were developed by them choosing which staff they would like to support them. They were also employed by the service to provide induction training to new staff.
- Relatives told us they were involved and felt listened to. One relative told us they got involved at the beginning, as parents of someone who might use the service, designing what it would look like. Other comments included, "They send us a newsletter with pictures of him in it, and what he's been doing", "They absolutely keep in touch, they email me and I can call anytime", "It's lived up to our expectations and exceeded them. They know our son very well" and "There's no room for improvement, it's all good."

Working in partnership with others

- The service worked well in partnership with other professionals and organisations to make sure people received the support they needed. One professional confirmed this. Relatives told us "They have a good relationship with the GP" and "I know he's really, really safe there because they don't risk anyone's health."
- People's care records detailed the involvement of appropriate professionals to ensure the best outcomes for people. This included health and social care professionals and their input was reflected in care plans.
- The service also worked in partnership with other healthcare professionals to reduce the medication people received. This was in accordance with the STOMP agenda (stop over medication of people with

learning disabilities, autism or both with psychotropic medicines.)